

lands, and we can upgrade it. If there is something new in 2015, we can put it on SOFIA. SOFIA can take off. We can do our projects, and we can do our experiments. It can land. If we have something new in 2016, we can do the same thing and so on and so forth.

For the next 20 years, we will be flying SOFIA if this Congress continues to fund it. Last year, SOFIA was on the chopping block, and without the good leadership of our majority leader, it might have gone away.

What I wanted to bring to everyone's attention is, if we are going to fund NASA, if we are going to fund projects for our new generation, if we are going to explore, if we are going to do all of the things that make America great and that make America the exploration country that we have been for the last 100-plus years, then we have to invest a little bit.

When the administration threatened to shut down SOFIA in fiscal year 2015, Congress showed strong support to make sure that SOFIA would continue; but, as we move forward, we understand what these types of projects bring.

As I look into the crowd, I see an awful lot of young folks who have either visited Washington, D.C., or they are on a tour, or they are doing something. That is what SOFIA brings. Every year, we put fifth and sixth and seventh grade teachers in SOFIA for a 9- or 10-hour mission.

They get to work with NASA. They get to work with scientists from America and from Germany because this is a joint project, and they get to see what projects and what experiments NASA is doing. They also get to work with NASA hand in hand.

They get to bring that back to the classroom, and they get to teach their fifth through seventh grade students about astronomy, about learning, about new planets, about new stars, about dying stars, about new solar systems. They take that at a practical level not just what is in the book, but what they learn, what they see, and what they do with NASA itself.

Also, I greatly appreciate the language that the committee included in the report accompanying the fiscal year 2016 Commerce, Justice, Science Appropriations bill, which reaffirms our support for SOFIA and rejects NASA's plan to conduct a senior review of the mission at such a premature stage.

If we are going to look at what SOFIA and other projects from NASA do, we have to allow them to bring us some real data. That data takes time. If we are going to do that on a 1- or 2-year status and then, maybe, cancel a project, then all of the money that we have injected into this project will be for naught.

Given that SOFIA achieved full operating status just this last year, in 2014, it has been designed for a lifespan of up to, like I said, 20 years. A senior review should not be at a 2-year stand, but it

should go to a 5- or an 8-year stand so that we can collect the data and make sure that this program is worth the money the taxpayers spend on it.

I would like to thank my colleagues on both sides of the aisle because they have supported this project just like they have supported many projects for NASA and for our experiment community.

Without the support from both sides of the aisle, it is really going to be difficult for America to continue to be the leader in space exploration and exploration abroad.

IMPROVING TREATMENT OF U.S. TERRITORIES UNDER FEDERAL HEALTH PROGRAMS ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Puerto Rico (Mr. PIERLUISI) for 5 minutes.

Mr. PIERLUISI. Mr. Speaker, today, I am introducing a comprehensive bill to improve the treatment of Puerto Rico and the other territories under Medicaid, traditional Medicare, and Medicare Advantage.

This is the first time that a Member of Congress has filed legislation to address the range of challenges that patients, physicians, hospitals, and insurance providers in the territories face as a result of the unequal treatment the territories receive under Federal health programs.

The bill serves as a blueprint for policymakers in identifying the various problems that exist under current Federal law and in proposing fair, realistic, and technically precise solutions to each problem.

Based on my conversations with congressional leaders and officials in the Obama administration, I believe there is bipartisan recognition that Federal health laws do not do justice to American citizens living in the territories.

I recognize that Republicans and Democrats have different opinions regarding the virtues of the Affordable Care Act, but it is my hope that policymakers can agree that it is in the national interest to take concrete steps to eliminate or reduce the numerous disparities that the territories confront under Medicaid and Medicare. These inequalities were enshrined in law long before 2010 and remain in place today.

Stated simply, if the will exists among officials in the legislative and executive branches to improve the treatment of the territories under Federal health programs, as I believe it does, then my bill provides a way forward. After today, no Federal policymaker can say: I want to help, but I don't know how.

Rather than summarizing the bill's 16 sections, I will highlight the provisions relating to Medicaid, the program for low-income individuals, which is jointly funded by the Federal Government and each State or territory government.

In the States, there is no limit on Federal funding for Medicaid as long as

the State provides its share of matching funds. The Federal contribution, known as an FMAP, can range from 50 percent for the wealthiest States to over 80 percent for the poorest States.

By contrast, the funding that the Federal Government provides for Medicaid in each territory is capped. When I took office in 2009, Puerto Rico's cap was only \$260 million a year, and the Federal Government was covering less than 20 percent of the cost of the territory's Medicaid Program.

During my tenure, the Federal Government has increased Medicaid funding for the territories, but that funding remains capped. Especially in the case of Puerto Rico, it is still profoundly inequitable. Most problematic, this funding expires in 2019, and in Puerto Rico, it will be depleted well before then.

This funding cliff is unique to the territories. The bill I am filing today would avert this cliff and provide a more stable and equitable level of Medicaid funding for the territories. Starting in fiscal year 2017, the bill would provide the territories with State-like treatment within well-defined parameters.

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Specifically, each territory's Medicaid program could cover individuals whose family income is at or below the Federal poverty level. As long as a territory covers individuals within these income limits, the Federal Government would fund the territory's Medicaid program as if it were a State Medicaid program. The annual funding caps would be eliminated, and each territory would receive an FMAP based on its per capita income. However, the limiting principle is that if a territory wants to cover individuals earning above the Federal poverty level, it will generally be required to use territory dollars, not Federal dollars.

The rationale behind this new proposal is simple. Residents of the territories are American citizens. At the very least, the Federal Government should provide each territory with the funding necessary to provide health coverage to their residents who live at or below the Federal poverty level. Anything less is unacceptable from a moral and public policy standpoint.

I invite my colleagues to support this comprehensive bill and to work with me to enact its provisions into law.

RECOGNIZING JESSE HILL AND DELAWARE VALLEY VIETNAM VETERANS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. FITZPATRICK) for 5 minutes.

Mr. FITZPATRICK. Mr. Speaker, for decades Vietnam veteran and Levittown, Bucks County, resident Jesse Hill has dedicated himself to preserving the memory of those lost in Vietnam and bringing awareness to those still missing.